



# MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Division of Teacher Quality and Urban Education, Educator Preparation Section

## MoSTEP EXAMINER BIOGRAPHICAL INFORMATION FORM

Please complete this form and return it to:		Dr. J. Mike Lucas, Director of Educator Preparation Department of Elementary and Secondary Education P.O. Box 480, Jefferson City, Missouri 65102-0480	
Date for completing this form: _____			
NAME:		TITLE/POSITION:	
IHE or SCHOOL DISTRICT:		WORK ADDRESS:	
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
HOME ADDRESS:		E-MAIL ADDRESS:	
CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:
<b>PROFESSIONAL PREPARATION (Please complete all degree information that is applicable.)</b>			
<input type="checkbox"/> BACCALAUREATE DEGREE	INSTITUTION:		
	MAJOR:	YEAR:	
<input type="checkbox"/> MASTER'S DEGREE	INSTITUTION:		
	MAJOR:	YEAR:	
<input type="checkbox"/> SPECIALIST DEGREE	INSTITUTION:		
	MAJOR:	YEAR:	
<input type="checkbox"/> DOCTORATE	INSTITUTION:		
	MAJOR:	YEAR:	
<b>PLEASE CHECK THE APPROPRIATE BOXES.</b>		<b>PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>	
<input type="checkbox"/> Male		List the subjects and grade levels or professional fields for which you have academic preparation or experience.	
<input type="checkbox"/> Female		_____	
<input type="checkbox"/> African American		_____	
<input type="checkbox"/> Asian		_____	
<input type="checkbox"/> Caucasian		_____	
<input type="checkbox"/> Hispanic		_____	
<input type="checkbox"/> Native American		_____	
Nominated by:      Self      Other		Do you hold professional certification in any of these subjects or professional areas?	
Name: _____		<input type="checkbox"/> Yes _____	
Position: _____		<input type="checkbox"/> No _____	
School/IHE: _____			